

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

Houston Division

United States Courts Southern
District of Texas
FILED**January 27, 2023**

Nathan Ochsner, Clerk of Court

Billy Allen*Plaintiff(s)**(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)***-v-**IES Holdings, Inc.*Defendant(s)**(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

Case No. _____

*(to be filled in by the Clerk's Office)*Jury Trial: (check one) ☒ Yes ☐ No**COMPLAINT FOR EMPLOYMENT DISCRIMINATION****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Billy Allen</u>
Street Address	<u>1019 W. Rowan St. Apt 4</u>
City and County	<u>Fayetteville, Cumberland County</u>
State and Zip Code	<u>North Carolina</u>
Telephone Number	<u>910-728-5861</u>
E-mail Address	<u>ballen@dr.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name	IES Holdings, Inc.
Job or Title (<i>if known</i>)	
Street Address	1800 WEST LOOP SOUTH SUITE 500
City and County	Houston, Harris County
State and Zip Code	Texas 77027
Telephone Number	(713) 860-1500
E-mail Address (<i>if known</i>)	

Defendant No. 2

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

Defendant No. 3

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

Defendant No. 4

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	

Telephone Number _____

E-mail Address *(if known)* _____**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name _____

Street Address _____

City and County _____

State and Zip Code _____

Florida

Telephone Number _____

II. Basis for JurisdictionThis action is brought for discrimination in employment pursuant to *(check all that apply)*:

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)Other federal law *(specify the federal law)*: _____Relevant state law *(specify, if known)*: _____Relevant city or county law *(specify, if known)*: _____

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)
On or about November 2020

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race _____
 - ☐ color _____
 - ☐ gender/sex _____
 - ☐ religion _____
 - ☐ national origin _____
 - ☒ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
 - ☒ disability or perceived disability *(specify disability)* _____
-

E. The facts of my case are as follows. Attach additional pages if needed.

I am a Black man over 40 years of age. On or about November 2020, I was diagnosed with COVID-19 while working for the defendant in Florida. I was taken to the hospital by ambulance and treated for COVID. My treatment at the hospital lasted for approximately a week. I was too ill to physically get up and walk during this time.

I worked as a Technician II for the defendant, and my job duties included driving lifts and putting up water access points in an Amazon warehouse.

Once I was released from the hospital, I returned to my home in Fayetteville, North Carolina, where I was instructed to quarantine for two weeks. I contacted the defendant for instructions about returning to work. The defendant told me I could not return until I tested negative.

I contacted many physicians to get additional testing and treatment for COVID, but due to the severity of the pandemic, I could not get an appointment for treatment or testing for two additional weeks. On or about December 11, 2020 I tested negative for COVID-19. I contacted my employer to send them the negative test.

The defendant refused to allow me to return to work and terminated my employment. I re-applied to return to work, and the defendant did not call me back. I contacted Edd Vega, the project manager, about returning to work, and he did not return my call.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

On or about December 2020.

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 11/09/2022 .

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☒

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

2 year's salary: \$76,800.00

Emotional distress: \$10,000.00

Punitive damages for intentional conduct: \$20,000

Total: \$106,800.00

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1-17-23

Signature of Plaintiff

Printed Name of Plaintiff Billy Allen

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address